

Instructions for the Facility Plan Form 1

Introduction

The Facility Plan Form 1 and associated Worksheets (Facility Plan) provide a tool for the User Agency and DCAM to collect information needed to acquire leased space, or amend an existing lease. The information in these forms enables DCAM to understand the User Agency's plans and prepare a Request for Proposals (RFP), lease amendment or tenancy agreement, or to take other appropriate action. To initiate preparation of these forms, the User Agency and DCAM will complete a site visit to the User Agency's existing facility or, if there is no existing facility, the User Agency will discuss the need with DCAM. The User Agency will then complete the Facility Plan and submit it to DCAM.

For a New Lease: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D.

For a Lease Amendment: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D. For a lease amendment that extends the term of the lease for up to 2 years, where the User Agency does not seek to alter the premises, completion of the Form 1 is generally sufficient.

For a Tenancy Agreement: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D. For a tenancy agreement for up to one year for existing premises, where the User Agency does not seek to alter the premises, completion of the Form 1 is generally sufficient.

Instructions

At the top of the form, check the appropriate box to identify whether this Facility Plan is for a new lease, lease amendment, or tenancy. For each page to be submitted, fill in the three lines of requested information: USER AGENCY NAME, ESTIMATED SF, NAME OF OFFICE/FACILITY, LOCATION OR SEARCH AREA. Use the TOTAL USABLE AREA calculation from Worksheet 1D for the ESTIMATED SF.

1. SUMMARY OF LEASE

Check the appropriate agreement type and enter the date on which the agreement is scheduled to begin, the length of the desired term, and the scheduled end date. Check the appropriate box to indicate whether this Plan achieves a co-location or consolidation of offices.

Proposed Agreement: Check the applicable listed category or check "other" and identify the type of proposed agreement.

Type of Space: Check the primary use of the requested space. See definitions below or check "other" and identify the type of space.

Explain reasons for proposed action.

2. TERMS OF CURRENT AND PROPOSED AGREEMENT

Current Address: Enter the current address of the office or facility for which space is needed.

Expiration Date of Agreement: Enter the date on which any current agreement will expire.

Number of Years in this Location: Identify the number of years that the office or facility has been continuously located at this address.

Comments on Current Premises, Building, and Landlord's Services: Attach a separate sheet to provide all appropriate information relating to the User Agency's satisfaction or dissatisfaction with the current premises, building, and services.

Accessibility of Premises and Building under MAAB and ADA: For existing premises, check the appropriate box to identify whether the premises and building are accessible, in accordance with the Massachusetts Architectural Access Board Regulations (MAAB) and the Americans with Disabilities Act (ADA). Attach a separate sheet to provide all appropriate information relating to this matter.

Enter the following information about the terms of the current and proposed agreement.

Number of FTE Staff: Number of full-time equivalent staff assigned to / projected for the office or facility.

SF: The usable SF occupied / projected under the agreement. For projected SF, use the TOTAL USABLE AREA from Worksheet 1D.

SF / FTE: Calculate this figure by dividing SF by FTE staff.

Rental Rate: Enter the rate per SF (annual rent divided by the SF). For the proposed agreement, you may wish to discuss the projected annual rent and rental rate with your DCAM project manager.

Annual Rent: The rent due for the last year of the current agreement and the projected rent for the proposed agreement (the SF multiplied by the Rental Rate).

Other Occupancy Costs: If other occupancy costs are paid or are projected to be paid separately or in addition to the Annual Rent, check the appropriate category and enter the actual amount paid over the last twelve months or the projected amount for twelve months; check "other" for any cost not listed on the form and identify the category of cost.

Total Occupancy Costs / Year: Add the Annual Rent and all Other Occupancy Costs.

Total Occupancy Cost / SF: Divide the Total Occupancy Costs by SF.

3. COST / BUDGET PROJECTIONS

Funding for the Agreement: Enter the amount budgeted / requested for the agreement, identify whether funding is from a state appropriation or other source, and whether funding is included in the budget for the current fiscal year and/or the next fiscal year.

4. APPROVAL

The form should be signed and dated by an authorized User Agency signatory. Below the signature, enter the person's name and title. For Agency Contact, enter the name and telephone number of the person who prepared the form and who may be contacted to discuss the project.

Instructions for Worksheets 1A, 1B, and 1C are in the forms. Worksheet 1D and instructions are in a separate Excel format document.

DEFINITIONS: TYPE OF SPACE Types of Space commonly cited include the following. Identify other categories, if necessary.

Administrative Office: Office that administers the operations and functions performed by the User Agency but does not directly provide services.

Client / Customer Service Office: Office providing direct services to clients or customers.

Field Office: Office responsible for inspections or other field operations.

Storage: Space used primarily or exclusively for storage of records, materials, supplies, or equipment.

Garage: Space used primarily for the storage, repair, and maintenance of motor vehicles or other movable heavy equipment. This does not include parking as defined below.

Parking: Improved land and parking structures used exclusively for parking motor vehicles.

Other: Examples of other types of space that may be leased include:

Courthouse: Space used for or directly in support of courtroom proceedings.

Education: Space used primarily for education or training.

Residential: Space used to provide living quarters for individuals, including dormitories, group homes and other residential facilities for individuals, secure residential facilities, and halfway houses.

Computer: Space used for computer equipment and operations requiring special build-out and systems, and for staff whose primary responsibility is operating and maintaining such equipment.

Laboratory: Space used for chemical, biological, or electronic testing or experimentation.

Warehouse: Space used for vertical and horizontal storage of items and materials that typically require special floor loading capacity of 250 pounds per SF live load and ceiling heights of at least 14 feet; the space may require access to a loading dock. Materials are typically stored on pallets or special racking systems.

FACILITY PLAN

1

☐ New Lease ☐ Lease Amendment ☐ Tenancy

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____ **ESTIMATED SF:** _____

NAME OF OFFICE/FACILITY: _____

LOCATION OR SEARCH AREA: _____

1. SUMMARY OF LEASE

The User Agency named above proposes a ☐ new lease / lease amendment / tenancy agreement (check one) beginning _____ (date) for a period of _____ (number of months or years) and ending _____ (date).

Co-Location: ☐ Yes No Consolidation: Yes No

PROPOSED AGREEMENT:

TYPE OF SPACE:

☐ New Lease for New Office or Facility

Administrative Office Other: _____

☐ New Lease for Existing Facility

Client/ Customer Service Office

☐ Amendment to Extend Lease

Field Office

☐ Amendment for Change in Requirements

Storage

☐ Tenancy Agreement

Garage

☐ Other: _____

Parking

Explain reasons for proposed action (attach additional sheet if necessary): _____

2. TERMS OF CURRENT AND PROPOSED AGREEMENT

Current Address: _____

Expiration Date of Agreement: _____

Number of Years in this Location: _____

Do the current premises, building and Landlord's Services meet the User Agency's needs? ☐ Yes No Attach a sheet of explanation.

For a lease amendment/tenancy: Are the program, premises, building and location accessible to the handicapped in accordance with the Massachusetts Architectural Access Board Regulations and the Americans with Disabilities Act? ☐ Yes No Attach a sheet of explanation.

CURRENT AGREEMENT:

PROPOSED AGREEMENT:

Number of FTE Staff: _____

Number of FTE Staff: _____

SF: _____

SF: _____

SF/FTE _____

SF/FTE _____

Rental Rate (\$/sf): \$ _____

Rental Rate (\$/sf): \$ _____

Annual Rent: \$ _____

Annual Rent: \$ _____

Other Occupancy Costs: _____

Other Occupancy Costs: _____

☐ Electricity \$ _____

Electricity \$ _____

☐ HVAC \$ _____

HVAC \$ _____

☐ Janitorial \$ _____

Janitorial \$ _____

☐ Tax/Operating Escalators: \$ _____

Tax/Operating Escalators: \$ _____

☐ Other: _____ \$ _____

Other: _____ \$ _____

Total Occupancy Costs/Year \$ _____

Total Occupancy Costs/Year \$ _____

Total Occupancy Cost/SF \$ _____

Total Occupancy Cost/SF \$ _____

3. COST/BUDGET PROJECTIONS

Funding in User Agency budget for this agreement: \$ _____

State Appropriation ☐

Other Source

Current FY ☐

Next FY

4. APPROVAL

USER AGENCY

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

Agency Contact: _____

Telephone #: _____

DCAM

Authorized Signature: _____

Title: _____

Date: _____

1A

Project Manager: _____

12/06

PROGRAM WORKSHEET: PLANNING ISSUES

1B

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____	ESTIMATED SF: _____
NAME OF OFFICE/FACILITY: _____	
LOCATION OR SEARCH AREA: _____	
<p>Provide information on the identified topics to further describe the needs of the office or facility. Provide additional, relevant information on topics not identified below. This information is to supplement and support the information in the Program Worksheets.</p> <p><u>Personnel:</u> Identify work groups or units that work together or should be located next to each other.</p> <p>_____</p> <p><u>Support Areas:</u> Describe needs related to active and inactive records storage, general storage, copy/mail areas, staff support area, and other special purpose areas, giving an estimate of usage or volume (i.e., number of files, volume of incoming and outgoing mail, type and frequency of deliveries, etc.). Identify any special requirements relating to storage of supplies.</p> <p>_____</p> <p><u>Furniture and Equipment:</u> Describe the equipment in the office or facility and identify any special demands that will be placed on the building systems by equipment (copiers, computers, etc.).</p> <p>Identify any heavy items or equipment to be accommodated in the office or facility (including large numbers of files or bookshelves concentrated in one area) that may require special floor load capacity, and identify the required floor load. Identify any special requirements relating to storage of equipment. Identify agency plans to purchase furniture and equipment associated with this office or facility.</p> <p>_____</p> <p><u>Meeting Areas:</u> Describe the kinds of meetings, hearings, or trainings that are held regularly in the office, the number of people attending, the frequency of these activities, and the duration of typical sessions.</p> <p>_____</p> <p><u>Entry Areas:</u> Identify planning issues relating to the entry and reception area, including the nature and volume of daily visitor traffic. (For example, how many clients and/or visitors come to the office in a day and how is their arrival distributed during the day? Do visitors sit, stand, or wait in line? Do visitors come into the premises for meetings or are their needs addressed at the entry area?)</p> <p>_____</p> <p><u>Building Conditions:</u> Identify building conditions that are required or preferred. Identify issues relating to deliveries (loading dock, dedicated off-street delivery area, freight elevator, e.g.), building common areas, building systems (24-hour cooling, e.g.), floor load capacity, tenant compatibility, preferred location within the building, if any (group-floor premises for high-traffic client service, e.g.), and any other relevant matters.</p> <p>_____</p>	

PROGRAM WORKSHEET: SPECIFICATIONS

1C

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____	ESTIMATED SF: _____
NAME OF OFFICE/FACILITY: _____	
LOCATION OR SEARCH AREA: _____	

For a new lease, provide information about the Specifications section B of the RFP.

Do the specifications in the form RFP for Landlord's Services meet the User Agency's needs? Yes ☐ No
Do the specifications in the form RFP for Landlord's Improvements meet the User Agency's needs? Yes ☐ No

If relevant, for a lease amendment, provide information about requested amendments to the existing Lease and Exhibits.

Provide information about any requested revisions or additions to the specifications. Check all categories listed below and identify additional categories, as necessary. Explain requested revisions and submit technical exhibits that may be included in the RFP or Lease amendment.

<p><u>LANDLORD'S SERVICES</u></p> <p><input type="checkbox"/> Utilities and Hours of Operation <input type="checkbox"/> Building Security and Access Voice and Data Cabling Maintenance, Building and Grounds Janitorial Services</p> <p>_____</p>	<p><u>LANDLORD'S IMPROVEMENTS</u></p> <p>Security System Client and Customer Activity Oversized or Heavy Equipment Storage of Records, Supplies, Books MDF and IDF</p> <p>_____</p>
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DESCRIBE NEEDS (Attach additional pages, if necessary):

Instructions for the Program Worksheet: Staff Areas Form 1D page 1

When completed, this worksheet provides information to determine the required square footage (SF) for an office or facility. The worksheet is in two parts: Staff Areas and Other Office Areas. Please use the instructions that follow to complete both pages of the worksheet. For large offices or facilities, prepare separate program worksheets for each workgroup or unit. To assist DCAM in understanding this information, please attach an organization chart for the office or facility and a list of all current positions. For additional help, refer to the Leasing Manual or contact your DCAM project manager.

Program Worksheet: Staff Areas

PERSONNEL CATEGORIES / AGENCY JOB TITLES

Use this column to identify your User Agency's job titles for all staff who will work out of the office or facility, assigning them to the appropriate personnel categories listed. Refer to the description of the Personnel Categories below.

Personnel Categories

Agency Head: Secretary, Commissioner, or other Agency Head

Senior Manager: Administrator reporting to an Agency Head, head of a small agency, director of a large office within an agency

Manager: Deputy Director of a large office or Director of a small office, unit manager, business manager, or personnel manager

Senior Professional: Senior/supervisory professional staff

Professional: Engineers, planners, social workers, analysts, project coordinators, etc.

Support Staff: Administrative support staff, including administrative assistants, receptionists, paralegals, clerks, etc.

Work Area: Workstation for visiting staff, interns, etc.

SF ALLOCATION

This column identifies the DCAM standards for allocation of space by personnel category.

NUMBER OF STAFF

In this column, enter the number of full-time equivalent (FTE) staff who hold each agency job title.

TOTAL SF

In this column, enter the total square feet to be associated with each agency job title, by multiplying the SF Allocation by the Number of Staff.

If you are preparing a downloaded form, the Total SF will be calculated automatically.

ROOM / AREA

Using the Room/Area Codes listed below, enter the appropriate codes for each agency job title. Using the equipment codes on page 2 as appropriate, identify any furniture or equipment planned to be located within the office or workarea.

If a staff person is to sit in a room or area listed in Other Office Areas on page 2 of the worksheet, enter a code of "G" and identify the office area where this person will sit (e.g., a receptionist in the entry area or technical staff in the Main Distribution Frame [MDF] room).

TOTAL STAFF; USABLE AREA, STAFF

At the bottom of the page, enter the total number of staff (Total Staff) and total SF (Usable Area, Staff). If you are preparing a downloaded form, the subtotals will be calculated automatically.

Next: Click on "Form 1D Pg 2" tab for PROGRAM WORKSHEET: OTHER OFFICE AREAS.

ROOM / AREA: ADDITIONAL INFORMATION

F = Office or room with full-height partitions

L = Low-partitioned area or cubicle

P = Panel supplied and installed by Agency

O = Open area without partitions

G = Shared office or room with other support functions

S = Shared office

CPT = Carpet

RSF = Resilient sheet flooring

VP = Door with vision panel

Lock = Door with lock

SL = Door with sidelight

PROGRAM WORKSHEET: STAFF AREAS

1D

Page 1 of 2

For DCAM use:	
Project #:	_____
Facility Code:	_____
Project Manager:	_____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x 800

USER AGENCY NAME:		ESTIMATED SF:		
NAME OF OFFICE/FACILITY:				
LOCATION OF SEARCH AREA:				
PERSONNEL CATEGORIES / AGENCY JOB TITLES	SF ALLOCATION	# STAFF	TOTAL SF	ROOM / AREA
AGENCY HEAD	220		0	
			0	
SENIOR MANAGER	150		0	
	150		0	
	150		0	
	150		0	
MANAGER	100		0	
	100		0	
	100		0	
	100		0	
	100		0	
	100		0	
SENIOR PROFESSIONAL			0	
Systems Furniture	63		0	
	63		0	
	63		0	
	63		0	
Conventional Furniture	77		0	
	77		0	
	77		0	
	77		0	
PROFESSIONAL			0	
Systems Furniture	42		0	
	42		0	
	42		0	
	42		0	
Conventional Furniture	56		0	
	56		0	
	56		0	
	56		0	
	56		0	
SUPPORT STAFF			0	
Systems Furniture	42		0	
	42		0	
Conventional Furniture	56		0	
	56		0	
WORK AREA			0	
Systems Furniture	36		0	
Conventional Furniture	46		0	
TOTAL STAFF		0.00		
USABLE AREA, STAFF			0	